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|  | [**Transition of Care Committee**](https://www.iwk.nshealth.ca/transition-of-care-committee)  Committee Member Application | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Date:** | |  | | | | | | | | | | | | | | | | |
| **Full Name:** | |  | | | | | | | | | | | | | | | | |
| **Preferred Name:** | |  | | | | | | | | | **Pronouns:** | | |  | | | | |
| **Demographics:** | | **❑** | **14-18 years old** | | | | | **❑** | **Patient** | | | | | | **❑** | | | **Pre-transfer** |
|  | | **❑** | **18-24 years old** | | | | | **❑** | **Caregiver/Family Member** | | | | | | **❑** | | | **Post-transfer** |
|  | | **❑** | **24+ years old** | | | | | **❑** | **Healthcare Provider** | | | | | |  | | |  |
|  | |  | |  | | | | **❑** | **Community Partner** | | | | | |  | | |  |
| *\*\*Please note, we are looking for youth with a health condition(s), caregivers of youth with health conditions, or providers working with youth for this committee.* | | | | | | | | | | | | | | | | | | |
| **Address:** | |  | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | |
| **Contact Information:** | | **Home:** | | | |  | | | | **Work:** | | |  | | | | | |
| **Cell:** | | | |  | | | | **May we text you?** | | | | | | **Yes ❑ No ❑** | | |
| **Email:** | |  | | | | | | | | | | | | | | | | |
|  | |  | | |  | | | | | | |  | | | | |  | |
| **Emergency Contact:** | | **Name:** | | |  | | | | | | | **Relationship:** | | | | |  | |
| **Phone number(s):** | | | | |  | | | | | | | | | | | |

**Committee meetings are typically held monthly on Mondays in the early evening from October to June. Additional time is requested between meetings to review meeting materials and support committee projects, as needed. Meetings currently will be held virtually. We may meet on-line and in-person in the future. Our meeting times may vary this year.**

**Can you commit to one to two years of membership on the committee?** **Yes** **❑ No** **❑ Maybe ❑**

**How did you find out about the Transition of Care Committee?**

**What interests you in becoming a member of the Transition of Care Committee?**

**What do you think you can offer the committee (specific experiences, skills, energy, diversity of perspective, etc.)?**

**What do you hope to get out of the experience?**

**Anything else you would like us to know? Are there any supports you would need to participate in meetings?**

**Please note:** **If you are selected** to be part of the Transition of Care Committee, you must complete all the requirements to become an IWK Volunteer. If you are selected for the committee, Volunteer Resources will contact you to outline these requirements. These requirements must be completed prior to attending committee meetings.

Please forward your completed application to Jackie Pidduck, Transition Coordinator at [IWKTransition@iwk.nshealth.ca](mailto:IWKTransition@iwk.nshealth.ca) or fax to 902-470-7593.

For more information about this application or about the committee, please contact Jackie Pidduck by cell phone at 902-266-4054 or email [IWKTransition@iwk.nshealth.ca](mailto:IWKTransition@iwk.nshealth.ca)

We appreciate all expressions of interest; however, only those selected for an interview will be contacted.